MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06840

6855

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St Mary's | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Md | LENGTH OF STAY (in this place) 1/2 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR Leonardtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Rebbea (Last) Barnes
4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1954
5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: April 11-1954
9. AGE last birthday: ___ yrs. | IF UNDER 1 YEAR: Months 2 Days 22 | IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Leon William Barnes
14. MOTHER'S MAIDEN NAME: Agnes Evans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Agnes Barnes Leonardtown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

795.2
Immediate cause (a) Sudden Death
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cause undetermined.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/11, 1954, to 7/6, 1954, that I last saw the deceased alive on 7/1, 1954, and that death occurred at 7.40 P.M. from the causes and on the date stated above.

SIGNATURE Robert T. Funko | (Degree or title) M.D. | ADDRESS Leonardtown, Md. | DATE SIGNED 7/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7-7-54 | NAME OF CEMETERY OR CREMATORY St Aloysius | LOCATION (City, town, or county) Leonardtown (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/7/54 | REGISTRAR'S SIGNATURE Jean D. Dawson MD

24. FUNERAL DIRECTOR Jos C. Mattingly | ADDRESS Leonardtown Md

2044222404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06841

6956

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH
COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN California X
MARYLAND
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Great Mills
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cleveland	Jerome	Combs	July	5	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	married	4/1/1896	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Combs	Adeliade Ridgell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WW I		Violet E. Combs--Great Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion 420.1	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from February, 1949, to July 5, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 4:55 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	M.D.	Great Mills Md.	7-8-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/8/54	Holy Face	Great Mills	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-7-54	[illegible] M.D. Local Registrar	P. B. Robinson----Leonardtown, Maryland	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 12 1954
BUREAU V. S.

6857 06842

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LEONARDTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shore between Breton Beach and White Point Beach-Patapsco River

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ~~Maryland~~ COUNTY ~~St. Mary's~~ D.C
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ~~Leonardtown~~ WASHINGTON
STREET ADDRESS (If rural, give location) 2607 - 12 - St. NE

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) L. (Last) GAITHER

4. DATE OF DEATH: (Month) July ~~June~~ (Day) 8 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White			10 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WASH. D.C
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: LEWIS L. GAITHER
14. MOTHER'S MAIDEN NAME: MARTHA McMOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): G
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: FATHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Drowning (found drowned) DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Patapsco River White Pt. Beach
21c. (City or town) Breton Beach & St. Mary's (County) (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6/26/54 ? M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Found drowned - Fell in water when boat overturned

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R.B. Fisher M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED July 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF 7/10/54 | NAME OF CEMETERY OR CREMATORY LEE'S CREMATORY | LOCATION (City, town, or county) (State) WASHINGTON - D.C

DATE REC'D BY LOCAL REG. July 10 1954 | REGISTRAR'S SIGNATURE R.W. | **24. FUNERAL DIRECTOR** J. W. LEE'S SONS CO - WASH. D.C | ADDRESS

VS. A15A - 5 - 53

06843

6858

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X; LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN High Point 70X-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Navel Air Station Patuxent River, Maryland X	STREET ADDRESS (If rural give location) Rt. #5 (Rural)

3. NAME OF DECEASED (Type or Print)	(First) Hubert	(Middle) Lindsay	(Last) Hill	4. DATE OF DEATH	(Month) July	(Day) 5	(Year) 1954
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 18, 1889	9. AGE last birthday 65 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Laundry	11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Hilliard Hill		14. MOTHER'S MAIDEN NAME Anzie Bech	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Bessie Hill --- High Point #5 N.C.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	[illegible]
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none	(CITY OR TOWN) —	(COUNTY) —	(STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? none		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Lexington Park, Md	7/5/54

23. BURIAL, CREMATION REMOVAL (Specify) Transportation	DATE THEREOF July 6, 1954	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) High Point N.C. (State)
DATE REC'D BY LOCAL REG. 7-6-54	REGISTRAR'S SIGNATURE Alan D. Houser, M.D.	24. FUNERAL DIRECTOR P. R. Robinson, Leonardtown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0859

CERTIFICATE OF DEATH

06844

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys | STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (in this place) 2 Week 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) C. (Last) Hurst Sr

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: Oct 15-1893

9. AGE Last birthday: 60 yrs. | IF UNDER 1 YEAR: Months 9 Days 28 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Electrician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Tennessee Co

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Hurst

14. MOTHER'S MAIDEN NAME: Martha Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes World War I

16. SOCIAL SECURITY No.: 223-14-6169

17. INFORMANT & ADDRESS: James C. Hurst Jr 3203 Hillcrest Ave Roanoke Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 15 D.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9.15 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Gaither, M.D. | ADDRESS Leonardtown, Md | DATE SIGNED 7/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 16-54 | NAME OF CEMETERY OR CREMATORY Arlington Nat. | LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REGISTRAR 7/16/54 | REGISTRAR'S SIGNATURE Alma D. Hansen Asst.

24. FUNERAL DIRECTOR Jos C. Martinpley | ADDRESS Leonardtown Md

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06845

6860 CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Marys — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown R — LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Frances (Last) Johnson

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 20 1877

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Spalding

14. MOTHER'S MAIDEN NAME: Jane Mattingley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Lee Latham Holly Wood Md R F D # 1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malignant Hepatoma — Interval Between Onset And Death: about 8 mths.

156X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1954, to 7/27, 1954, that I last saw the deceased alive on 7/26, 1954, and that death occurred at 8.45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert D. Fuchs, M.D. — ADDRESS Leonardtown, Md. — DATE SIGNED 7/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 29 54 — NAME OF CEMETERY OR CREMATORY St Aloysius — LOCATION (City, town, or county) Leonardtown — (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 7/28/54 — REGISTRAR'S SIGNATURE Alan D Raley

24. FUNERAL DIRECTOR Jos C. Mattingley — ADDRESS Leonardtown, Maryland

VS. A15

JUL 30 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06846

6861 CERTIFICATE OF DEATH Reg. Dist. No. 28/

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Rural Valley Lee X
LENGTH OF STAY (in this place) 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Valley Lee
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Knott

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Sept 14 1869

9. AGE last birthday IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 84 yrs. 10 16

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Knott

14. MOTHER'S MAIDEN NAME: Henrietta Ann Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mary Ellen Knott Valley Lee Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of stomach DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: (a) 2 years (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1954, to July 31, 1954, that I last saw the deceased alive on July 29, 1954, and that death occurred at 1.00 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Bean MD ADDRESS Great Mills Md DATE SIGNED 7/31/54

23. BURIAL, CREMATION, REMOVAL? (Specify) Burial DATE THEREOF Aug 2-54 NAME OF CEMETERY OR CREMATORY Not Given LOCATION (City, town, or county) (State) Laurel Grove Md

DATE REC'D BY LOCAL REGISTRAR July 31/54 REGISTRAR'S SIGNATURE P J Bean MD Local

24. FUNERAL DIRECTOR ADDRESS Jos C. Mattingley Leonardtown Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06847

CERTIFICATE OF DEATH

6862 Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakley
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Grace (Middle) J. (Last) Lawrence

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 4/28/1889

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. Thompson

14. MOTHER'S MAIDEN NAME: Frances Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: ----

17. INFORMANT & ADDRESS: Margaret R. Downs--- Oakly, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrage — Interval Between Onset And Death: 10 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hepatoma (primary) — 3 months

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrulation — 5 years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22, 1954, to 7/6, 1954, that I last saw the deceased alive on 7/5, 1954, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm D Boyd MD — ADDRESS Leonardtown Md — DATE SIGNED 7/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/10/1954 — NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery — LOCATION (City, town, or county) (State) Bushwood Maryland

DATE REC'D BY LOCAL REGISTRAR July 7, 1954 — REGISTRAR'S SIGNATURE Wm D. Bowes MD. — 24. FUNERAL DIRECTOR P. B. Robinson — ADDRESS Leonardtown, Maryland

RECEIVED
JUL 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06848

CERTIFICATE OF DEATH

6863 Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Leonardtown | LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Mechanicsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Williams (Middle) Jeffrey (Last) Murphy
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH: April 1 1954
9. AGE last birthday Yrs. | IF UNDER 1 YEAR: Months 3 Days 1 | IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leroy Murphy
14. MOTHER'S MAIDEN NAME: Mary Ann Elliott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mary Ann Elliott Mechanicsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diarrhea, dehydration, DUE TO — Interval between Onset and Death 5 d.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Infection - enteric DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 19 54, to July 2, 19 54, that I last saw the deceased alive on July 2, 19 54, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Roy Guthrie, M.D. ADDRESS Mechanicsville DATE SIGNED July 2 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7-3-54 | NAME OF CEMETERY OR CREMATORY St Joseph | LOCATION (City, town, or county) (State) Morganza Md

DATE REC'D BY LOCAL REGISTRAR 7/3/54 | REGISTRAR'S SIGNATURE Allan D. Houser, M.D. | 24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

mnt

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06849

6864 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 1 1/2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X ~~Charlotte Hall~~
STREET ADDRESS (If rural give location) Charlotte Hall

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) S (Last) Plater
4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 16-1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months 10 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: School Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Plater
14. MOTHER'S MAIDEN NAME: Rose Ella Holly

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Charles C. Plater 414 Savale Ave Balto 25 Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac decompensation — Interval Between Onset And Death: 3 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive arteriosclerotic cardiovascular-renal dis — 6 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pott's dis spine - inactive

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 .., to ....., 19...., that I last saw the deceased alive on ..... 19 ..., and that death occurred at 5:45 A.M. from the causes and on the date stated above.

SIGNATURE J. Roy Geyther, M.D. (Degree or title) ADDRESS McConnelsville DATE SIGNED 5/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 27-54
NAME OF CEMETERY OR CREMATORY St Mary's Chapel
LOCATION (City, town, or county) New Market (State) Md

DATE REC'D BY LOCAL REGISTRAR July 26-1954
REGISTRAR'S SIGNATURE Alan D. Houser M.D.
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06850

6865

CERTIFICATE OF DEATH

Reg. Dist. No. ..

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills
STREET ADDRESS (If rural give location) Indian Bridge Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Sickle
4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Window
8. DATE OF BIRTH: Sept 30-1872
9. AGE last birthday: 81 yrs. If UNDER 1 YEAR Months 9 Days 19 If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: owner
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Jos Parren Sickle Great Mills Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary occlusion	1 week
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis	6 years
	~~DUE TO~~ (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck of femur (right) — 4 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to 7-19-, 1954, that I last saw the deceased alive on 7-18, 1954, and that death occurred at 8:45 a.m. from the causes and on the date stated above.
SIGNATURE P.J. Beam M.D. (Degree or title) ADDRESS Great Mills, Md. DATE SIGNED 7-20-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 22-1954
NAME OF CEMETERY OR CREMATORY Holy Face
LOCATION (City, town, or county) Great Mills (State) Md.
DATE REC'D BY LOCAL REGISTRAR July 20/54
REGISTRAR'S SIGNATURE P.J. Beam M.D. Local registrar
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06851

6866 CERTIFICATE OF DEATH

Reg. Dist. No. 28 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hermanville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Sturgis

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 16 1894

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): V

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Sturgis

14. MOTHER'S MAIDEN NAME: Mary Jane Sample

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT'S ADDRESS: Ora E Carroll 112 North Gilmore St Baltimore Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of small intestine — Onset And Death 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1954, to July 14, 1954, that I last saw the deceased alive on July 14, 1954, and that death occurred at 1.0.7M., from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Bean MD — ADDRESS Grant Mills Md — DATE SIGNED 7/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-17-54 — NAME OF CEMETERY OR CREMATORY Mt Lubburn — LOCATION (City, town, or county) West Balto. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-15-54 — REGISTRAR'S SIGNATURE P J Bean, MD

24. FUNERAL DIRECTOR Jas C. Mattingly — ADDRESS Leonardtown Md.

RECEIVED
1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06852

6867

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Leonardtown
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS —— X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Leonardtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Thomas (Last) Swales
4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1954

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Oct. 15, 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months 8 Days 26 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Swales
14. MOTHER'S MAIDEN NAME: Lind Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Elizabeth S. Swales RFD 1 Box 29 Leonardtown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Fibrillation of heart
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocarditis Chronic
DUE TO

(c) GGS

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1954, to July 11, 1954, that I last saw the deceased alive on July 6, 1954, and that death occurred at 1 PM, from the causes and on the date stated above.

SIGNATURE P G Greenwell (Degree or title) M.D. ADDRESS Leonardtown DATE SIGNED Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-14-54
NAME OF CEMETERY OR CREMATORY Over Lady
LOCATION (City, town, or county) Medleyneck (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/15/54
REGISTRAR'S SIGNATURE Alan L. Hance
24. FUNERAL DIRECTOR Jos C. Wattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06853

6868

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown X
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) California X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Reah (Middle) Witherill (Last) Sypher
4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: unknown About 80 yrs.
9. AGE last birthday: If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: house wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles Witherill Lumber
14. MOTHER'S MAIDEN NAME: Rebecca Guskman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Justin R. Sypher Jr. California Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary occlusion — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 6 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to July 13, 1954, that I last saw the deceased alive on July 13, 1954, and that death occurred at 9:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Bean MD
ADDRESS Great Mills Md
DATE SIGNED July 10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 16, 1954
NAME OF CEMETERY OR CREMATORY St Andrews
LOCATION (City, town, or county) (State) Near Leonardtown Md.

DATE REC'D BY LOCAL REGISTRAR July 15/54
REGISTRAR'S SIGNATURE P J Bean MD
24. FUNERAL DIRECTOR Jos. C. Mattingley ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
JUL 19 1954
BUREAU V. S.